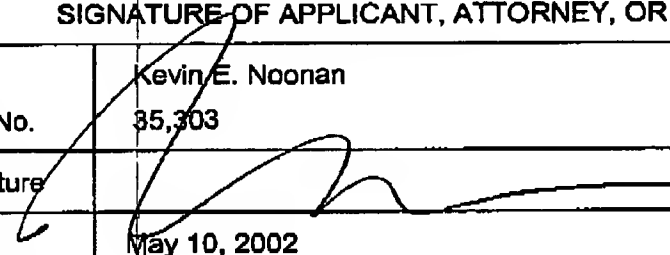


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)																
<b>ADDRESS TO:</b>  <b>Commissioner for Patents</b> <b>Box MISSING PARTS</b> <b>Washington, D.C. 20231</b>	<b>Attorney Docket No.:</b> 99,297 <b>Application No.:</b> 09/993,976 <b>Filing Date:</b> 11/5/01 <b>First Named Inventor:</b> Yatvin <b>Group Art Unit:</b> 1614 <b>Examiner:</b>															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including May 30, 2002.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/></td> <td>One Month (37 CFR 1.17(a)(1))</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Two Months (37 CFR 1.17(a)(2))</td> <td>\$400.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three Months (37 CFR 1.17(a)(3))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four Months (37 CFR 1.17(a)(4))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five Months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> </table>		<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$	<input checked="" type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$400.00	<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$
<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$														
<input checked="" type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$400.00														
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$														
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$														
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$														
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 200.00.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 13-2490. I have enclosed a duplicate copy of this sheet.</p>																
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED																
Name	Kevin E. Noonan															
Reg. No.	35,303															
Signature																
Date	May 10, 2002															

EXT (Rev. 1/3/01)

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[Page 1 of 1]

PAGE 5/7 \* RCVD AT 12/9/2005 11:22:05 AM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/26 \* DNIS:2738779 \* CSID:+13129130002 \* DURATION (mm-ss):03-38

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